Western Locality Shared care information ~ Gonadorelin Analogues (Gnrh)

April 2013

Specialist: Please complete the Shared Care letter sending a request to GP (see bottom of the page)

GP: Please indicate whether you wish to share patient's care by completing letter and return to specialist

Aim of treatment

Gonadorelin analogues act on LHRH receptors in the pituitary gland. On chronic administration they cause inhibition of pituitary LH secretion. This in turn causes a fall in serum testosterone concentration in males and serum oestrogen concentration in females. This effect is reversible on discontinuation of therapy.

Specialist responsibilities

1. To assess patient's suitability to receive treatment, including assessing risk factors for decreased bone mineral content
2. To initiate treatment, patients will have received at least 1 month of treatment
3. To monitor for tumour 'flare' within the first month of treatment and treat appropriately
4. To send a letter to the GP requesting Shared care for a particular patient. This letter will contain the following information:
    a. Diagnosis
    b. Results of any other appropriate investigations
    c. Results of blood tests
    d. Dose and name of treatment
    e. Advice on dose alterations where appropriate
5. To periodically review the patient
6. Evaluation of adverse effects / monitoring results reported by the GP
7. To decide when it is appropriate to withdraw therapy

General practitioner responsibilities

If GP has agreed to share care:

1. To contact the referring consultant without delay if they do not wish to enter into a Shared care agreement
2. To monitor the patient's overall health and well being
3. To prescribe treatment
4. To ensure that practice nurses who administer the GnRH injections on behalf of the GP have received appropriate training.
5. To monitor side effects of treatment, and seek urgent advise as necessary
6. To contact the appropriate secondary care physician as appropriate

Back-up advice and support

Gynaecology

- Dr R Shrestha 01752 431934
- Mr P Scott 01752 431899
- Dr U Acharya 01752 787999

Oncology

- Rebecca Simmons (uro-oncology nurse specialist) 01752 431524
- Dr P Sankey (consultant oncologist) 01752 432735
- Dr D Parslow (consultant oncologist) 01752 432735

Urology

- Anna Wilson (prostate cancer nurse specialist) 01752 431535
- Nicky Andrew (uro-oncology nurse specialist) 01752 439903

Derriford Medicines Management Information: 01752 434875

NHS Devon ICB Medicines Optimisation Team: 01752 398800

Supporting Information

This guideline highlights significant prescribing issues, not all prescribing information and potential adverse effects are listed. Please refer to SPC/data sheet for full prescribing data.

Preparations

The following table shows the PAJF choices of gonadorelin analogues and their licensed indications:

	Decapeptyl® SR	**Decapeptyl® SR**	**Zoladex®**	**Zoladex® LA**
Drug/ Strength	Triptorelin acetate 3mg injection	Triptorelin acetate 11.25mg injection	Goserelin acetate 3.6mg implant	Goserelin acetate 10.8mg implant
Dose:	3mg injected i.m every 4 weeks	11.25mg every 3 months – prostate cancer only	3.6mg injected s.c. into the anterior abdominal wall every 28 days	10.8mg injected s.c. into the anterior abdominal wall every 12 weeks
Indication				
Prostate cancer	√	√	√	√
Breast cancer			√	
Endometriosis	√ For 6 months only		√ For 6 months only	
Endometrial procedure			√ For 4-9 weeks (hospital only indication)	
Uterine fibroids	√ For 6 months only		√ For up to 3 months before surgery	
Precocious puberty		√		

Contraindications

- Hypersensitivity to goserelin, triptorelin or other gonadorelin analogues / gonadorelin analogue derivatives.
- Undiagnosed vaginal bleeding
- Pregnancy
- Breastfeeding
- Children

Cautions

General

- The injection site should be rotated

Men

- Men at risk of tumour 'flare' should be monitored closely during the first month of treatment. Tumour 'flare' may cause spinal cord compression, ureteric obstruction or increased bone pain.

Concomitant use of an anti-androgen may be necessary e.g. Flutamide 250mg three times a day for up to 3 weeks after commencement.

Women

- The use of GnRH analogues in women may cause a loss of bone mineral density. They should be used with caution in women with known metabolic bone disease.
- In patients being treated for endometriosis the addition of HRT (oestrogen and progesterone) has been shown to reduce bone mineral density loss and vasomotor symptoms.
- GnRH analogues may increase uterine cervical resistance, which may result in difficulty in dilating the cervix.
- A non-hormonal method of contraception should be used throughout treatment if appropriate until 3 months after the last injection.
- Women must notify their clinician if regular menstruation persists

Side effects

(Refer to SPC for further information)

General

- Signs and symptoms of prostate / breast cancer may worsen initially
- Arthralgia
- Sleep disturbances
- Changes in blood pressure
- Myalgia
- Mood changes
- Headache
- Hypersensitivity reactions
- Peripheral oedema
- Injection site reactions
- Mood changes
- Weight changes
- Paraesthesia
- Dizziness
- Hair loss
- Fatigue
- Gastrointestinal disturbance
- Goserelin: hypercalcaemia, ovarian hyperstimulation syndrome, pituitary apoplexy, ureteric obstruction (men)
- Triptorelin: Dry mouth, increased dysuria

Side-effects similar to the menopause in women / orchidectomy in men

- Hot flushes and sweating
- Sexual dysfunction
- Vaginal dryness or bleeding
- Gynaecomastia / changes in breast size
- Breast tenderness

Interactions

None known

Shared Care Agreement Letter – Consultant Request

To: Dr.....

Practice Address.....

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Patient Name:	
NHS Number:	
Date of birth:	
Address:	

Diagnosed condition: .....

I recommend treatment with the following drug: .....

At the following dosage: .....

I request your agreement to sharing the care of this patient according to the Western Locality Shared Care Information guidelines for this drug. The patient has been initiated on treatment and stabilised in accordance with the appropriate Shared Care Information.

Principles of shared care:

GPs are invited to participate, but **if the GP is not confident to undertake these roles then they are under no obligation to do so.** If so, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. If asked to prescribe this drug the GP should reply to this request as soon as practical. Sharing of care assumes communication between the specialist, GP and patient. The intention to share care should be explained to the patient and accepted by them.

Remember: the doctor who prescribes the medication has the clinical and legal responsibility for the drug and the consequences of its use.

Signed:		Date:	
Consultant name:			
Telephone number:		Fax number	
Email address			

Please sign below and return promptly. Remember to keep a copy of this letter for the patient's records. If this letter is not returned shared care for this patient will not commence.

GP Response

I agree / do not agree* to share the care of this patient in accordance with the Shared Care Guideline.

Signed: …….. Date: ……..

GP name: …….. *Delete as appropriate.